

NOV 24 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Saline Co.Registration District No. 801Township 1Primary Registration District No. 6044City Emma Mo (No.     )File No. 38915Registered No. 35St.      Ward     

## 2. FULL NAME

(a) Residence, No.      St.      Ward       
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MaleWhiteWidowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 29, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

821030

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

X E. C. Broun

18. BURIAL, CREMATION OR REMOVAL

PLACE Holy Cross Church DATE Oct 31, 1937

19. UNDERTAKER (ADDRESS)

E. L. James  
Corvair Mo.20. FILED 10-201937 Rose E. Harmon

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nash, August, 19, to Oct 28, 1937I last saw him alive on, 19     . Death is saidto have occurred on the date stated above, at 8:45 am.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury     , 19     Where did injury occur?      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. C. Bradshaw, M. D.(Address) Anson, Ross MoCorvair Saline Co. Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38915

Do not use this space.

1. PLACE OF DEATH

(a) County Saline

Registration District No. 801

(b) Township Salt Pond

Primary Registration District No. 6044

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clara A Brockman

(a) Residence, No. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

Marie Brockman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

82

10

30

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work  
was done, as saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED 10-30-1937 Rose C. Harrison  
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

to, 19

I last saw h. alive on, 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. C. Brashaw, M. D.

(Address) Wm. Brockman  
Cornwall Saline Co

